ON MOTROCHORS, SEE BACK OF FORM			
FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
☑ This is an Initial* Statement of Organization		DR-1	OF
I I I I I I I I I I I I I I I I I I I	Reset Form	(Rev. 10/2009)	ORGANIZATION
* Statement must be filed within 10 days of committee accepting contribution incurfing debts exceeding \$750. Amendments must be filed within 30 days Effective January 1, 2010, all statements and send send within 30 days.	ons, making expenditures, or	For Office Use C	<u>Only</u>
Effective January 1, 2010, all statements and small be ned within 30 days	of a change.	Indexed	
electronically and effective January 1, 2012, all statements and reports filed must be filed electronically.	by all committees for state office	Audited	
Effective May 1, 2010, all statements and reports for Clats DAGS - Land		Computer	
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. COMMITTEE NAME (A candidate's committee must include the candidate's last name in the name of the committee.) If amending committee name, Klein For Supervisor Committee.			
put old name in (). Klein For Supervisor Comittee	candidate's last name in the name of	f the committee.) If a	mending committee name,
Ment of Supervisor Comittee			AMP.
		***	5 7
IMPORTANT: Indicate type of committee you are reporting for: 5			SE A
1 Statewide/Legislative/Judge Standing for Detention Condition Condition			
(5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PACO (10)School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee involved in multiple city/county ballot Issues			
Date 193	ne furcinging committee involved in	multiple city/count	y ballot lasues D
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda	story except for a ca	andidate's committee)
Name Daryl Klein	Name ↓ ↓		<u> </u>
Mailing Address ↓ ↓	Mailing Address ↓ ↓		<u> </u>
			– 80
Styrango, towa, 52039 + 1	City, State ↓ ↓ Zip Code ↓ ↓		
Phone (563) 599-1623	***************************************		
	Phone ()		
e-Mail darylk@allsystemsinc.net	e-Mail		
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	ocate for/against candidate(s)	vocate for ballot issu	e/s)
	L. Ad	vocate against ballot	issue(s)
All Candidates Enter: Office Sought: Dubuque County Supervisor	County/Local Candidates ar	id Ballot Issue Com	mittees Enter:
Political Party (if applicable) Republican	County: Dubuque		
District: Dubuque County (If active in multiple ballot issue elections, attach list of counties			
Year Standing for Election: 2010 Date of Election: 11/2/2010			
Bank Account Name (must match committee name)	Candidata		
	Candidate name & Address or Pa	fillate, or Sponsor	(applicable),
Klein For Supervisor Committee	1		
Klein For Supervisor Committee	Daryl Klein		
Klein For Supervisor Committee Name of Financial Institution/type of Account	Daryl Klein Mailing Address ↓ ↓		***************************************
Klein For Supervisor Committee	Daryl Klein Mailing Address ↓ ↓ 20757 Klein Ln.		
Klein For Supervisor Committee Name of Financial Institution/type of Account ↓ ↓ American Trust & Saving Bank / Checking Mailing Address ↓ ↓	Daryl Klein Mailing Address ↓ ↓ 20757 Klein Ln. City ↓ ↓	State ↓ ↓	Zip ↓ ↓
Klein For Supervisor Committee Name of Financial Institution/type of Account	Daryl Klein Mailing Address ↓ ↓ 20757 Klein Ln. City ↓ ↓ Durango,lowa.52039	State ↓ ↓	Zip ↓ ↓
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